

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018496

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

377

500

1382

FILED MAY 13 1963

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

DES PERES

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

CHASTAINS NURSING HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

ST. LOUIS

c. CITY

KIRKWOOD

OR
TOWN

Inside Limits

Yes ☒ No ☐

d. STREET

907 SIMMONS

ADDRESS

(If outside, give location)

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

ERNST

Middle

FREDERICK

Last

EIFERT

4. DATE OF DEATH

Month

APRIL

Day

23

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/9/1880

9. AGE (last birthday)

83

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ret. GENERAL CONTRACTOR

SELF EMPLOYED

SCOTT, MISSOURI

USA

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ret. GENERAL CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY

SELF EMPLOYED

11. BIRTHPLACE (City and state or country)

SCOTT, MISSOURI

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

CASPER EIFERT

13b. MOTHER'S MAIDEN NAME

WILHELMINA DALINE

14. NAME OF HUSBAND OR WIFE

JOHANNA M. EIFERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

KIRKWOOD 22, MISSOURI

JOHANNA M. EIFERT 907 SIMMONS AVENUE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Opportunistic Infection

Bacterial Pneumonia

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Acute Infectious Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

[REDACTED]

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

[REDACTED]

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

[REDACTED]

[REDACTED]

[REDACTED]

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[REDACTED]

20f. CITY, TOWN, OR LOCATION

[REDACTED]

COUNTY

[REDACTED]

STATE

[REDACTED]

21. I attended the deceased from

Death occurred at

9/10/1960

to 4/12/63

and last saw him alive on

4/28/63

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[REDACTED]

(Degree or title)

[REDACTED]

22b. ADDRESS

[REDACTED]

22c. DATE SIGNED

[REDACTED]

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4/26/63

23c. NAME OF CEMETERY OR CREMATORY

ST. TRINITY LUTHERAN CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY, MISSOURI

24. FUNERAL DIRECTOR

PFITZINGER MORTUARY, KIRKWOOD, MISSOURI

ADDRESS

[REDACTED]

25. DATE REC'D. BY LOCAL REG.

4-25-63

26. REGISTRAR'S SIGNATURE

John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ben C. Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.